24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule	e E)				PAGE 1 OF 2 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
WOME	N SPEAK OUT PAC				C C00530766	
					O	
Check if	24-hour report X 48-hour re	eport New rep	ort Amends repo		M / D D / Y B Y B Y B Y	
	me of Payee			Date of	of Public Distribution/Dissemination	
	dway Workforce Solutior	15 1110.		M	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing	Address 3100 Smoketree Ct.			Amou	nt	
	Suite 900					
City		State NC	Zip Code 27604	Trong	11250.00 action ID : SE.43227	
Raleigh			27604		of Disbursement or Obligation	
	e of Expenditure ssing (Estimate)		Category/ Type 004	M	M / D D / Y Y Y Y	
Name o	f Federal Candidate		✗ Support	Office Sough	t: House District:00	
RUBIO	, MARCO, , ,		Oppose	Preside	ent Senate State: FL	
	lendar Year-To-Date r Election for Office Sought		46625.00	Disbursemen 2022	t For: Primary X General ther (specify) ▶	
Full Na	me of Payee				of Public Distribution/Dissemination	
	lway Workforce Solutions	Inc.			-M / D D / Y Y Y Y	
Mailing	Mailing Address 3100 Smoketree Ct.				10 01 2022	
1	Suite 900			Amou	nt	
City		State	Zip Code		11250.00	
Raleigh	n	NC	27604		oction ID : SE.43228 of Disbursement or Obligation	
	e of Expenditure ssing (Estimate)		Category/ 004	IV	-M / D D / Y Y Y Y	
Canva	saling (Estimate)		Type 004	_ _		
1	of Federal Candidate		Support	Office Sough	t: District: 00	
DEMIN	GS, VAL, , ,		x Oppose	Preside	ent 🗶 Senate State: FL	
	llendar Year-To-Date r Election for Office Sought		57875.00	Disbursemen 2022	t For: Primary General ther (specify) ▶	
(a) SUB	TOTAL of Itemized Independent Ex	xpenditures		•	22500.00	
(b) SUB	TOTAL of Unitemized Independent	Expenditures		· •	7 7 7	
(c) TOTA	AL Independent Expenditures					
(5)				•	45 45	
with, or a		y candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political	
	Gross, Jennifer, , ,	[Electron	nically Filed] Date	M M M /	03 / 2022	
Signa	ture			,	TOLE .	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 2 OF 2 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
WOMEN SPEAK OUT PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed on M / Y Y Y Y Y						
Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination				
Mailing Address 3100 Smoketree Ct.		10 01 2022				
Suite 900		Amount				
City State	Zip Code	750.00				
Raleigh NC	·					
Purpose of Expenditure Mileage (Estimate)	Category/ Type 004	Date of Disbursement or Obligation				
Name of Federal Candidate	✗ Support Off	ice Sought: House District: 00				
RUBIO, MARCO, , ,	Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought	58625.00 Dis					
	7	Other (specify)				
Full Name of Payee Headway Workforce Solutions Inc.	Date of Public Distribution/Dissemination					
Mailing Address 3100 Smoketree Ct.	10 01 2022					
Suite 900		Amount				
City State	Zip Code	750.00				
Raleigh	27604	Transaction ID : SE.43230 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage (Estimate)	Category/ Type 004	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support Off	ice Sought: House District: 00				
DEMINGS, VAL, , ,	X Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought	59375.00 Dis 20.	Sbursement For: Primary				
-						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	>	24000.00				
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.						
Gross, Jennifer, , ,	Electronically Filed] Date	10 03 2022				
Signature						